

**DATE:** December 1, 2004

**TO:** County Emergency Management Directors

**FROM:** Jerry Haberl, State Training Supervisor

**SUBJECT: Course Recruitment: INCIDENT COMMAND SYSTEM (ICS) FOR  
EMERGENCY MEDICAL SERVICE – (G193)**

The Wisconsin Division of Emergency Management is sponsoring the Federal Emergency Management Agency course entitled Incident Command System (ICS) for Emergency Medical Service (G193) beginning **February 15-16, 2005** at the Pewaukee Campus of Waukesha County Technical College, 800 Main St., Pewaukee, WI. The course will begin at 8:00 a.m. on Tuesday, February 15<sup>th</sup>, and conclude at approximately 4:00 p.m. on Wednesday, February 16, 2005. Dress is casual.

In this two-day course, participants will be introduced to the concepts of the Incident Command System (ICS) as it relates to Emergency Medical Services (EMS), through both lecture and discussion. Instruction will include using scenarios, case studies, and role-play to demonstrate the understanding of the concepts.

The target audience for this course is emergency response personnel who, as part of their regular duties, respond to small and medium sized emergency medical incidents requiring scene management. We are requesting that you recruit attendees from within your emergency management community who would benefit from this training. Recruitment could include yourself and representatives from law enforcement, fire service, hospitals, and public health and emergency medical services. Since class size is limited to 36, registration will be on a first-come, first-served basis.

If people travel more than 50-miles one way, and do not desire to commute, we will make reservations for participants at a local motel in the Pewaukee, WI area. Wisconsin Emergency Management will pay for lodging (*for those traveling 50-miles or more one way*); however the cost of travel, meals and any other incidentals associated with your stay is a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course roster is finalized.

Please have prospective participants complete the attached registration form and return the form to your Regional Office no later than JANUARY 15, 2005. Those selected to attend will receive a confirmation letter containing details concerning motel and course locations.

Thank you for helping us to bring emergency management training to your community. If you have questions, or need further information, please call your Regional Director.

Encl: Registration Form

cc: WEM Management Staff  
Regional Offices  
Hazmat Response Teams  
Lisa Olson-McDonald

REGISTRATION INFORMATION

**INCIDENT COMMAND SYSTEM (ICS) for  
EMERGENCY MEDICAL SERVICES – (G193)**

**FEBRUARY 15-16, 2005**

**PEWAUKEE, WI**

*Please complete the information below and send it to your County Director by January 14, 2005. County Directors must submit this registration to their Region Office no later than January 15, 2005. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible.*

*(Reproduce this sheet locally for additional people.)*

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(PRINT CLEARLY)

TITLE \_\_\_\_\_ AGENCY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

*State Privacy Provision*

*Authorization: Wisc Stats 166.03 and E.O. 9397.*

*Disclosure: Disclosure of personal information is voluntary; however nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.*

**LODGING INFORMATION**

\_\_\_\_\_ I live within 50 Miles, and do not need a room.

\_\_\_\_\_ I will attend, and live over 50 miles away; reserve a room for me as indicated below:

**PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM**

**MONDAY, FEBRUARY 14, 2005**

**TUESDAY, FEBRUARY 15, 2005**

Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_

Do you require any special accommodations for a physical disability?

SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT: \_\_\_\_\_

SIGNATURE OF REGIONAL DIRECTOR/DATE OF RECEIPT: \_\_\_\_\_